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CONFIRMATION NO. 7599

SERIAL NUMBER 10/627,265	FILING DATE 07/26/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.					
APPLICANTS Neal B. Gittleman, Houston, TX;									
** CONTINUING DATA ***** <div style="text-align: center; font-family: cursive;">none ced</div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: center; font-family: cursive;">none ced</div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/21/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY TX </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 5 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 16 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS Ezra L. Schacht 1620 West Main St. Houston, TX 77006-4712									
TITLE Dental minipin with interchangeable abutments									
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>					